

**2009 Real Estate Withholding Tax Statement****593**AMENDED: ☐**Copy A FOR FRANCHISE TAX BOARD****Part I Withholding Agent**

FTB Use Only: Total Payment Enclosed: \_\_\_\_\_ .00

Name		SSN or ITIN
Business Name		FEIN or CA Corp no.
Address (including suite, room, PO Box, or PMB no.)		
City	State	ZIP Code

**Seller or Transferor**

Name		SSN or ITIN
Spouse/RDP Name or Business Name		Spouse's/RDP's SSN or ITIN
Address (including apt./suite, room, PO Box, or PMB no.)		FEIN or CA Corp no.
City	State	ZIP Code
Address (or parcel number and county) of the CA real property transferred		

**Part II Escrow or Exchange Information**

- Escrow or Exchange Number ..... ● 1 \_\_\_\_\_
- Date of Transfer, Exchange Completion, Exchange Failure, or Installment Payment ..... ● 2 \_\_\_\_\_ MM / DD / YYYY
- Type of Transaction (Check One Only): ●
  - A ☐ Conventional Sale or Transfer
  - B ☐ Installment Sale Payment
  - C ☐ Boot
  - D ☐ Failed Exchange
- Withholding Calculation (Check One Only): ●
  - Total Sales Price Method**
    - A ☐ 3 1/3 % (.0333) x Total Sales Price (See instructions. Signature not required below)
    - Optional Gain on Sale Election** (Signature required below)
      - B ☐ Individual 9.3% x Gain on Sale
      - C ☐ Corporation 8.84% x Gain on Sale
      - D ☐ Bank and Financial Corp. 10.84% x Gain on Sale
      - E ☐ S Corporation 1.5% x Gain on Sale
      - F ☐ Financial S Corporation 3.5% x Gain on Sale
- Amount Withheld from this Seller ..... ● 5 \_\_\_\_\_ .00

Mail completed form and payment to:

 FRANCHISE TAX BOARD  
 PO BOX 942867  
 SACRAMENTO CA 94267-0651

If paying by EFT mail to:

 FRANCHISE TAX BOARD  
 PO BOX 942867  
 SACRAMENTO CA 94267-8888
**Part III Perjury Statement – Signature is required when the Optional Gain on Sale is elected above.**

**Title and escrow persons, and exchange accommodators are not authorized to provide legal or accounting advice for purposes of determining withholding amounts. Sellers or transferors are strongly encouraged to consult with a competent tax professional for this purpose.**

Under penalties of perjury, I hereby certify that the information provided above is, to the best of my knowledge, true and correct. I understand that the Franchise Tax Board may review relevant escrow documents to ensure withholding compliance. I understand that if this form is not signed, the withholding amount will be 3 1/3% of the total sales price.

Seller's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

 It is unlawful to forge  
 a spouse's/RDP's  
 signature.

Spouse's/RDP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer's Name and Title/Escrow Business Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

( ) \_\_\_\_\_

**2009 Real Estate Withholding Tax Statement****593**

AMENDED: ☐ This is important tax information and is being furnished to the Franchise Tax Board.  
File this form with your California tax return.

**Copy B FOR SELLER OR TRANSFEROR**

<b>Part I Withholding Agent</b>		FTB Use Only: Total Payment Enclosed: _____ .00	
Name		SSN or ITIN	
Business Name		FEIN or CA Corp no.	
Address (including suite, room, PO Box, or PMB no.)			
City		State	ZIP Code

**Seller or Transferor**

Name		SSN or ITIN	
Spouse/RDP Name or Business Name		Spouse's/RDP's SSN or ITIN	
Address (including apt./suite, room, PO Box, or PMB no.)		FEIN or CA Corp no.	
City		State	ZIP Code
Address (or parcel number and county) of the CA real property transferred			

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1. Escrow or Exchange Number ..... ● 1 \_\_\_\_\_

2. Date of Transfer, Exchange Completion, Exchange Failure, or Installment Payment ..... ● 2 \_\_\_\_\_ MM / DD / YYYY

3. Type of Transaction (Check One Only): ●

A ☐ Conventional Sale or Transfer

B ☐ Installment Sale Payment

C ☐ Boot

D ☐ Failed Exchange

4. Withholding Calculation (Check One Only): ●

**Total Sales Price Method**

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**Optional Gain on Sale Election** (Signature required below)

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5. Amount Withheld from this Seller ..... ● 5 \_\_\_\_\_ .00

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Seller's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Spouse's/RDP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer's Name and Title/Escrow Business Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
( )

**2009 Real Estate Withholding Tax Statement****593**AMENDED: ☐**Copy C** FOR WITHHOLDING AGENT'S RECORDS**Part I Withholding Agent**

FTB Use Only: Total Payment Enclosed: \_\_\_\_\_ .00

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Business Name		FEIN or CA Corp no.
Address (including suite, room, PO Box, or PMB no.)		
City	State	ZIP Code

**Seller or Transferor**

Name		SSN or ITIN
Spouse/RDP Name or Business Name		Spouse's/RDP's SSN or ITIN
Address (including apt./suite, room, PO Box, or PMB no.)		FEIN or CA Corp no.
City	State	ZIP Code
Address (or parcel number and county) of the CA real property transferred		

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Spouse's/RDP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

 Preparer's Name and Title/Escrow Business Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
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